

**BY ORDER OF THE COMMANDER,
SPACE AND MISSILE SYSTEMS CENTER**

**SPACE AND MISSILE SYSTEMS
CENTER 40-301**

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MEDICAL COMMAND

**RESPONSIBILITIES OF FAMILY ADVOCACY
PROGRAM (FAP) AGENCIES AND STAFF
INSTRUCTION**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive 40-3, *Family Advocacy Program (FAP)* and AFI 40-301, *Family Advocacy dated 1 May 2002* and the *Family Advocacy Program Standards*. It describes the responsibilities of the FAP agencies and staff. In addition, it also outlines procedures for administering the FAP. The instruction applies to all active duty members and civilian employees of the Air Force assigned to Los Angeles Air Force Base and tenant units.

1. RESPONSIBILITIES:

1.1. Air Base Group Commander : The 61st Air Base Group Commander (61 ABG/CC) has responsibility for implementing the Family Advocacy Program (FAP), ensuring program effectiveness, and providing necessary support to sustain the program.

1.1.1. Appoints the Director of Base Medical Services (DBMS) to administer and monitor the base FAP.

1.1.2. Organizes a base Family Advocacy Committee (FAC) chaired by the 61st Medical Squadron Commander (61 MDS/CC) or the 61st Medical Squadron Chief of Medical Staff (61 MDS/SGH).

1.1.3. Serves as a member of the FAC or delegates this responsibility to the 61st Air Base Group Deputy Commander (61 ABG/CD).

1.1.4. Ensures incidents of all suspected family maltreatment is reported to the Family Advocacy Officer and AFOSI.

1.1.5. Enters into a formal written memorandum of understanding (MOU) with the local social service authorities describing procedures for reciprocal reporting of maltreatment allegations. Such MOU will outline procedures for placing victims of family maltreatment in protective custody.

1.1.6. Develops procedures to ensure immediate protective care for victims of family maltreatment.

1.2. Medical Squadron Commander: Assumes responsibility for these areas of FAP activity:

1.2.1. Staffing and training.

1.2.1.1. Serves as chair of the installation FAC. The 61 MDS/CC may delegate this responsibility to the 61 MDS/SGH.

1.2.1.2. Appoints an MSC, BSC, NC, MC, DC, or civilian alternate to serve as the Special Needs Assignment Coordinator (SNAC), and a clinical social worker as the Family Advocacy Officer (FAO). Also, designates and trains an alternate to ensure continuity of programs.

1.2.1.3. Ensures the FAP has enough medical resources and practitioners available to run effectively.

1.2.1.4. Ensures that 61st Medical Squadron instructions and published guidelines exist to help medical personnel in implementing the FAP.

1.2.1.5. Establishes a FAP education program to provide training at least once a year to medical, dental, child care and youth center staff; AFOSI and 61st Security Forces personnel; Family Support Center staff; all FAP committee and management team members.

1.2.1.6. Ensures all medical personnel notify the SNC of family members with exceptional medical or educational needs and the FAP of all suspected incidents of family maltreatment.

1.2.2. Service Delivery

1.2.2.1. Assumes responsibility for managing and monitoring health care aspects of the FAP.

1.2.2.2. Ensures special needs family members and purported victims of family maltreatment receive medical and dental assessment, required treatment, and referral to base and community agencies when requested by FAO or physician.

1.2.2.3. In cases of sudden or unexplained child deaths on this installation, ensures completion of an appropriate autopsy, notifies AFOSI and security police; and ensures referral of family members to the FAP for immediate screening and supportive services.

1.2.3. Program Administration

1.2.3.1. Reviews and signs all medical and dental evidence sent in support of an application for a family advocacy reassignment or deferment. Also reviews all applications to relocate dependent family members, identifying exceptional medical and educational needs. Ensures that applications include complete narrative summaries of medical, dental and educational problems so that HQ AFPC, MAJCOM/SG, and gaining Medical Treatment Facility personnel can make valid decisions (can be delegated to 61 MDS/SGH).

1.2.3.2. Screens AF Form 1466, Request for Family Member's Medical and Education Clearance for Travel, applications to identify medical or special educational needs. Sends the forms and accompanying documentation to the gaining military treatment facility commander (can be delegated to 61 MDS/SGH).

1.2.3.3. Establishes a procedure to notify 61 ABG/CC of all family maltreatment associated deaths that occur on or off-base.

1.2.3.4. Furnishes advice on benefits provided under the Uniformed Services Health Benefits Program.

1.2.3.5. Protects the privacy of sensitive information contained in family advocacy records.

1.3. **Family Advocacy Officer (FAO):**

1.3.1. Chairs the Family Maltreatment Case Management Team (FMCMT) and ensures timely evaluation of all referrals to the FAP.

1.3.2. Notifies the AFOSI and service member's commander of all suspected incidents of family maltreatment and other criminal behavior.

1.3.3. Notifies child protective services of all child abuse incidents.

1.3.4. Ensures the FAP activities comply with federal, state, and local laws, as appropriate.

1.3.5. Maintains family advocacy case records according to HQ AFMOA/SGZF standards.

1.3.6. When necessary, disposes of or transfers records when a member leaves the military and family requires continued FAP services.

1.3.7. Notifies the appropriate civilian agencies when a member leaves the military and the family requires continued FAP services.

1.3.8. Ensures families receiving services continue to get help if they relocate to other military installations, including those served by the Army or Navy medical facilities.

1.3.9. Utilizes AF Form 2524, **Family Advocacy Program**, to provide an informational statement and to clarify services to military families by the maltreatment component of the FAP.

1.3.10. Completes family advocacy reports according to HQ AFMOA/SGZF guidelines.

1.3.11. Establishes procedures for security of FAP materials and supplies.

1.3.12. Supervises all assigned FAP civilian staff.

1.3.13. Obtains legal guidance from the SMC/JA with respect to giving rights advisement to clients, compliance with applicable laws, and other legal issues, as appropriate.

1.3.14. Periodically reviews policy for resolving discrepancies between a client's legal rights and/or concerns and clinical treatment needs in family maltreatment cases with 61 ABG/CC (or designee), 61 MDS/CC (or designee), and SMC/JA (or designee).

1.4. **Judge Advocate:**

1.4.1. Serves (or designates an attorney to serve) as a member of the FAC, FMCMT, and the High Risk Family Maltreatment Response Team (HRFMRT).

1.4.2. Provides consultation to the FAC in the development of memorandums of understanding.

1.4.3. Provides consultation services to FAP management teams.

1.4.4. Provides information about legal rights of family members with exceptional medical or educational needs.

1.4.5. Serves as the OPR for the Air Force Victim/Witness Assistance Program.

1.4.6. Periodically reviews with the 61 ABG/CC, 61 MDS/CC, and FAO policy for resolving potential conflicts between a client's legal rights and/or concerns and treatment needs in family maltreatment cases.

1.5. Security Forces Squadron Commander:

1.5.1. Serves as a member of the FAC.

1.5.2. Investigates all incidents of family maltreatment not investigated by AFOSI.

1.5.3. Provides the FAP timely information concerning all incidents or complaints of family members.

1.5.4. Coordinates investigations of family maltreatment with AFOSI.

1.5.5. Ensures that law enforcement personnel receive annual training on domestic violence and child maltreatment issues and procedures.

1.6. Services Division Chief:

1.6.1. Appoints the flight chief for the Family Member Program Flight (FMP) to serve on the FAC.

1.6.2. Ensures staff who work directly with children receive FAP training when hired and on an annual basis thereafter.

1.6.3. Reports suspected incidents of sexual maltreatment occurring in "out-of-home" care settings, such as child care centers, recreation programs, or family day care, to the FAP immediately.

1.6.4. Creates effective policy, in coordination with the FAC, for screening applicants seeking positions working with children and youth.

1.6.5. Provides and manages nondiscriminatory recreation activities and club programs, to include activities for children with special needs and for handicapped children requiring these services.

1.7. Director of the Family Support Center:

1.7.1. Serves as a member of the FAC.

1.7.2. Provides assistance to clients seeking help with family problems that may lead to maltreatment.

1.7.3. Shares information with the Integrated Delivery System on other prevention programs and support services.

1.7.4. Ensures all staff members receive FAP training when hired, and annually thereafter.

1.7.5. Refers families of children with exceptional medical or educational needs to the SNC.

1.7.6. Report all suspected family maltreatment incidents to the FAP.

1.8. Special Needs Coordinator (SNC):

1.8.1. Serves as a member of the installation FAC.

1.8.2. Ensures local SNAC operates in accordance with this instruction and FAP standards.

1.8.3. Supports SNAC efforts to identify, diagnose, provide services to, and relocate clients.

1.8.4. Supports Early Intervention programs as outlined in Department of Defense directives, instructions and FAP Standards.

1.9. Chief of Military Personnel Flight (MPF):

1.9.1. Serves (or appoints a senior staff member to serve) as a member of FAC.

1.9.2. Coordinates all applications for FAP assignments or deferments with squadron commanders.

1.9.3. Ensures newly assigned MPF staff receive FAP training.

1.10. Squadron Commanders, First Sergeants and Supervisors (Military or Civilian): Squadron Commander, First Sergeant, or supervisor must be familiar with FAP procedures and policies. Commanders and First Sergeants must refer unit members to the FAP if they suspect family maltreatment has occurred or if the member's dependents have special needs.

1.11. Alcohol Drug Abuse Prevention and Treatment (ADAPT) Program Manager: Serves as a member of the installation FAC and provides counseling and referral services to individuals whose substance abuse interferes with family functioning.

1.12. Wing Chaplain: Serves as a member of the FAC, encourages chapel organizations to participate in programs supporting special FAP activities and projects, and provides supportive ministries as needed.

1.13. The Public Affairs Office: Distributes FAP news releases to installation newspapers and other news media, after approval by the chairperson of the base FAC. Public Affairs will review and/or approve FAP news before disseminating to the general population. Public Affairs also distributes information about the FAP through other channels.

1.14. Active Duty Members and Civilian Employees-Mandated Reporting: All active duty member and civilian employees of the Air Force must report all incidents of suspected family maltreatment to the FAP. Special Note: Nothing in this paragraph requires chaplains receiving information through a "penitent-clergy-man" relationship or confidential communications in the course of their official chaplain duties, or Judge Advocates or Area Defense Counsel receiving information from an established attorney-client relationship, to disclose to report such information.

1.14.1. Military-related child caregivers and medical providers will be trained on recognition of abuse and neglect indicators, and procedures for reporting family maltreatment to the FAP.

1.14.1.1. All reports of suspected family maltreatment will be made directly to Family Advocacy Program office during normal duty hours. After duty hours all reports of suspected family maltreatment will be made to the on-call Life Skills staff member via the Command Post.

1.15. Family Advocacy Committee (FAC): FAC meets at least every three months or as required by chairperson.

1.15.1. Sets policy and procedures for establishing and operating the FAP IAW AFI 40-301, the FAP Standards and on this instruction.

1.15.2. Advocates establishing and improving services that promote healthy families.

1.15.3. Solicits resources needed to successfully run the FAP.

- 1.15.4. Coordinates activities of different organizations that contribute to the FAP and identifies resource and service delivery problems.
- 1.15.5. Reviews available data on families to identify at-risk groups requiring prevention services and to detect trends. Uses findings to ensure responsive programs are implemented.
- 1.15.6. Monitors training programs for FAP personnel.
- 1.15.7. Establishes a cooperative working relationship with local community agency personnel.
- 1.15.8. Develops and maintains a directory of community resources.
- 1.15.9. Establishes the HRMFRT.
- 1.15.10. The FAC may invite representatives of local civilian child protection agencies. The FAC may add additional members at the discretion of chairperson.
- 1.15.11. The FAC includes these members: 61 ABG/CC, Family Advocacy Officer, Family Advocacy Treatment Manager/Outreach Manager, Family Support Center Director, Judge Advocate, Chief of Personnel, Chief of Security Police, AFOSI detachment Commander, Installation Chaplain, Chief of Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program, First Sergeant (SMC/CCC), Director of Child Development Center, and the Director of Youth Activities. If any of the FAC members are unavailable, their appointed designee will attend in their place.

2. PROGRAMS AND CASE MANAGEMENT

2.1. Family Advocacy Program. Enhances Air Force readiness by ensuring family problems do not hinder the performance of military personnel. The program provides proactive services to Air Force personnel and their families by identifying, measuring, treating incidents of child and spousal maltreatment, by identifying and supporting family members with special medical or educational needs.

2.2. Program Components. The FAP offers three principal services: outreach, Special Needs Assignment Coordination, and family maltreatment intervention. A management team oversees maltreatment components of the FAP in consultation with installation FAC.

2.2.1. Outreach: The FAP offers primary prevention services to all Air Force personnel and secondary prevention services to at-risk groups and families.

2.2.2. Special Needs Assignment Coordination: Identifies eligible Department of Defense families with exceptional medical or educational needs, assists those families in obtaining required services, and ensures these families have access to necessary services if reassigned. This program effectively provides assistance to families in locating and using appropriate medical, social service, and educational programs.

2.2.3. Family maltreatment intervention: Family maltreatment component of the FAP provides identification, evaluation, and treatment services through a FMCMT. This Team establishes and monitors family maltreatment programs and services. The FAO chairs the FMCMT under the guidance of the FAC. FMCMT consists of medical, investigative, and other appropriate base and community agency representatives as determined by FAC.

2.2.3.1. Family Maltreatment Case Management Team:

2.2.3.1.1. Meets at the call of FAO, and or at least monthly.

2.2.3.1.2. Ensures all reports of suspected family maltreatment are assessed within 24 hours.

2.2.3.1.3. Makes a case status determination for all cases.

2.2.3.1.4. Reviews all open family maltreatment cases at least once every three months to ensure case management plans are current. Substantiated sexual abuse cases are reviewed monthly.

2.2.3.1.5. Recommends reassignment of abuser to the squadron commander/s when required treatment services are not available in local area.

2.2.3.1.6. Refers issues and recommendations to FAC when FMCMT cannot resolve them, or for required actions beyond authority of FMCMT.

2.3. Sexual Abuse Special Considerations: In child sexual abuse cases, the FAP makes special efforts to protect the alleged victims and to preserve evidence of a possible crime. To accomplish these goals, the base FAC establishes a HRFMRT.

2.3.1. High Risk Family Maltreatment Response Team consists of: FAO, AFOSI agent, JA, and optional representatives from other agencies that have child protection responsibilities. This multidisciplinary team coordinates how to approach victims and suspects of suspected abuse, while simultaneously minimizing the number of interviews children undergo while effectively gathering pertinent information. HRFMRT members can also be members of FMCMT. The HRFMRT takes coordinated action within 72 hours of any reported child sexual abuse, without waiting for a scheduled meeting. HRFMRT follows published guidelines, including the FAP Standards.

2.3.2. Offender Treatment: Due to prohibitions on treatment of paraphilias, the FAP will not provide treatment to sexual offenders to modify deviant sexual arousal patterns. FAP and MDS personnel may provide other services to offenders as long as these services do not focus on deviant arousal patterns. FMCMT can identify resources available in the region to treat paraphilic behavior, and must closely coordinate victim and offender treatment to ensure safety of all concerned. Providers will not commit 61 MDS Supplemental Care funds to treat active duty offenders for paraphilia unless specifically authorized to do so by the DBMS.

2.4. High Risk for Violence Special Considerations: Upon notification or suspicion of a potential threat of harm by an individual, FAO will activate the HRFMRT. The HRFMRT will assess the level of danger, then develop and implement a course of action to manage the risk of violence.

2.4.1. Composition of HRFMRT will include: FAO, FAP staff member working with family, Squadron Commander, SFS/CC, Judge Advocate, Mental Health provider, OSI representative, and representative(s) from other agencies having legal, investigative, or protective responsibilities as appropriate (e.g., Base Housing, Community Shelter).

3. Records management. Maintain and dispose records IAW AFMAN 37-139, *Records Disposition Schedule*.

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